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CONFIRMATION NO. 6495

|   |   |                                      |  |  |                                    |
|---|---|--------------------------------------|--|--|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/531,368  | <b>FILING OR 371(c)<br/>DATE</b><br>04/13/2005<br><b>RULE</b>   | <b>CLASS</b><br>368                  | <b>GROUP ART UNIT</b><br>2841  | <b>ATTORNEY<br/>DOCKET NO.</b><br>05249/LH |                                    |
| <b>APPLICANTS</b><br>Kaoru Yoshida, Ome-shi, JAPAN;<br>Yoshiyuki Murata, Ome-shi, JAPAN;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/JP04/00959 01/30/2004<br><b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2003-021320 01/30/2003<br>JAPAN 2003-032486 02/10/2003     |   |                                      |  |  |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR<br/>COUNTRY</b><br>JAPAN | <b>SHEETS<br/>DRAWING</b><br>20  | <b>TOTAL<br/>CLAIMS</b><br>15              | <b>INDEPENDENT<br/>CLAIMS</b><br>5 |
| <b>ADDRESS</b><br>1933  |   |                                      |  |  |                                    |
| <b>TITLE</b><br>Wrist-worn communications apparatus   |   |                                      |  |  |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>1300  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                      | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                    |